

## No-Show Fee Request Checklist

Claim Number: \_\_\_\_\_ Worker's Name: \_\_\_\_\_

Request submitted by: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Requirements:

- ☐ Letter sent immediately after the missed appointment. **ATTACH A COPY.**  
The letter includes the following:
  - ☐ Acknowledgement that the worker missed the appointment.
  - ☐ Notice that benefits may be suspended or reduced as a result of the non attendance, with [RCW 51.32.110](#) either cited or paraphrased.
  - ☐ A request for the worker's explanation of good cause within 30 calendar days of the letter.
- ☐ **ATTACH A COPY** of the examination appointment notice.

### Worker Response:

- ☐ The worker did not respond to the request for good cause.  
Or,
- ☐ The worker responded but didn't show good cause. **ATTACH A COPY** of the worker's response.

### No-Show Fee:

- ☐ The no-show fee is at the department's fee schedule rate or the amount charged, whichever is less.
- ☐ I request the department issue an order to assess a no-show fee in the amount of \$\_\_\_\_\_.
- ☐ **ATTACH A COPY** of the no-show fee charged by the examiner.

**If you have any questions and don't know the self-insurance adjudicator's name and contact information, call the receptionist at 360-902-6901.**